STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A. BLDG: _	(X2) MULTIPLE CONSTRUCTION: A. BLDG:00		(X3) DATE SURVEY COMPLETED:	
NAME OF PROVIDER OR SUPPLIER: ALLEGHENY HEALTH NETWORK ENDOSCOPY CENTER, WESTMORELAND			STREET ADDRESS 118 NATURE GREENSBUR	, CITY, STATE, Z PARK ROA	AD, SUITE 200	05/15/2023		
STATE LICENS	E NUMBER: 24761501							
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIEN MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE	
S 0000	INITIAL COMMENT			S 0000				
S 033A	This report is the result conducted on May 15, Network Endoscopy, V determined the facility the requirements of the Health's Rules and Reg Facilities, Annex A, Ti and F, Chapters 551-57	2023, at Allegheny Vestmoreland. It was not in compliant Pennsylvania Departulations for Ambulatle 28, Part IV, Subpos, November 1999.	Health s nce with artment of atory Care parts A	S 033A	TITLE:	(X6) DATE:		

State Form VIZJ11 IF CONTINUATION SHEET Page 1 of 23

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			PLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:	
		39C0001334			<u></u>	05/15/2023	
NAME OF PROVIDER OR SUPPLIER: ALLEGHENY HEALTH NETWORK ENDOSCOPY CENTER, WESTMORELAND STATE LICENSE NUMBER: 24761501			STREET ADDRESS, 118 NATURE GREENSBUR	PARK ROA	AD, SUITE 200		
(X4) ID PREFIX TAG	PREFIX MUST BE PRECEEDED BY FULL REGULATORY OF			ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 033A	Continued from page 1 553.3 (1) Governing Body I 553.3 Governing Body respo (1) Conforming to local laws. This REGULATION is not	nsibilities include: o all applicable Federal,	State, and	S 033A	Reporting process was reviewhat qualifies as an incident event, & infrastructure failur reporting process to PA-PSR Pennsylvania Patient Safety Reporting System. Reporting process and associated policible reviewed with all staff on 2023. Audit goal: to audit 10 RL6/PSRS reports monthly, 100% for 3 months. After goobtained, every RL6 report areport will be entered accord our present process. Monthly of all incident reports will be assure events are entered into PSRS reporting system by the administrator. Administrator meet monthly with the Patien Nurse to review the prior mon RL6/incident reports and PS reports to assure all events are entered appropriately. The anincident reporting is in place Results of these audits are re-	g ies will a June 15, 20% of goal is bal is and PSRS ling to y audits be done to the	Completion Date: 06/08/2023 Status: APPROVED Date: 06/13/2023
					during the quarterly Quality meetings, the Med-Exec mee and to the Board of Manager Completion date: July 31, 20	etings, rs.	

State Form VIZJ11 IF CONTINUATION SHEET Page 2 of 23

Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION: A. BLDG:00		(X3) DATE SURVEY COMPLETED:	
	39C0001334				<u>00</u>	05/15/2023	
NAME OF PROVIDER OR SUPPLIER: ALLEGHENY HEALTH NETWORK ENDOSCOPY CENTER, WESTMORELAND STATE LICENSE NUMBER: 24761501			STREET ADDRESS, 118 NATURE GREENSBUR	PARK ROA	AD, SUITE 200	1	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DI PREFIX MUST BE PRECEEDED BY FULL REGULATORY (TAG IDENTIFYING INFORMATION)				ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	OULD BE	(X5) COMPLETE DATE
S 033A	Based on a review of fastaff interview (EMP), facility failed to conforstate, and local laws by infrastructure failure. "Act 13 of 2002 MEDI AVAILABILITY AND ERROR (MCARE) ACC Section 313. Medical facility and failure to the department of the department of the department of the department shall prescribed by the department of the dep	it was determined them to all applicable for failing to report CAL CARE D REDUCTION OF CT" Cacility reports and The reports and the reports of an infrastructure of an infrastructure failure. The be in the form and infrastructure failure.	nat the Federal, al facility ture f the currence or The report manner	S 033A			
	"Infrastructure failure."	' An undesirable or t	unintended				

State Form VIZJ11 IF CONTINUATION SHEET Page 3 of 23

		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION: A. BLDG:00		(X3) DATE SURVEY COMPLETED:	
		39C0001334			<u></u>	05/15/2023	
NAME OF PROVIDER OR SUPPLIER: ALLEGHENY HEALTH NETWORK ENDOSCOPY CENTER, WESTMORELAND STATE LICENSE NUMBER: 24761501			STREET ADDRESS, 118 NATURE GREENSBUR	PARK ROA	AD, SUITE 200		
(X4) ID		OF DEFICIENCIES (EACH DE	FICIENCY	ID	PROVIDER'S PLAN OF CORRE	CTION (EACH	(X5)
PREFIX TAG		ED BY FULL REGULATORY O FYING INFORMATION)	R LSC	PREFIX TAG	CORRECTIVE ACTION SH CROSS-REFERENCED TO THE		COMPLETE DATE
S 033A	Continued from page 3			S 033A			
	event, occurrence or sit	tuation involving the	2				
	infrastructure of a med	•					
	discontinuation or sign	ificant disruption of	a service				
	which could seriously	compromise patient	safety.				
	This is not met as evidenced by:						
	On May 15, 2023, revi	ew of facility materi	al,				
	"Allegheny Health Net	-					
	Endoscopy Center Pati	ent Safety Plan" las	t				
	reviewed, August 29, 2	2022, revealed					
	"Infrastructure Failur	e: An undesirable or	r				
	unintended event, occu	rrence or situation is	nvolving				
	the Infrastructure of a r	medical facility or th	ie				
	discontinuation or sign	•	a service				
	that could seriously con						
	safetyInfrastructure Failures shall be reported to						
	the Department of Hea						
	confirmation in the for	m and manner presc	ribed by				
	the Department".		1123 A				
	On May 15, 2023, revi						
	ATP Policy", last dated	*					
	recognizes its responsi	omity to provide a sa	iie				

State Form VIZJ11 IF CONTINUATION SHEET Page 4 of 23

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER IDENTIFICATION NUMBE			(X2) MULTI A. BLDG:	PLE CONSTRUCTION:	(X3) DATE SURVE COMPLETED:	ΣΥ	
39C0001334				B. WING: _		05/15/2023	
NAME OF PROVIDER OR SUPPLIER: ALLEGHENY HEALTH NETWORK ENDOSCOPY CENTER, WESTMORELAND STATE LICENSE NUMBER: 24761501			STREET ADDRESS, 118 NATURE GREENSBUR	PARK ROA	AD, SUITE 200		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH D MUST BE PRECEEDED BY FULL REGULATORY (IDENTIFYING INFORMATION)			ID PREFIX TAG			(X5) COMPLETE DATE
S 033A	environment, given the to effectively disinfect endoscopes will be test trace monitoring system. On May 15, 2023, revide Department of Health, failures due to clean trace and the lack of clean trace supply were reported from Fel 12, 2023. On May 15, 2023, at 2 and EMP2 confirmed to broke on February 2, 2 was placed. After receivable to be used due to a trace testing was not do until May 5, 2023. On for the facility had clear passed. On May 12, 20 completed for clean trace swabs. When asked if a use, EMP2 confirmed to	medical devicesA ted once weekly using m". ew of reports to the revealed no infrastructure systems not work to be polies, resulting in no bruary 2, 2023, throughout the clean trace testing 023, when a work of the company of the loaner, it was an error February 2 May 5, 2023, all ten an trace completed and 123, only four scopes are due to unavailability of swall the scopes are currently that the complete of the complete	all flexible and clean decture king or testing and May th EMP1 and system order that are the clean and the clean are the clean a	S 033A			

State Form VIZJ11 IF CONTINUATION SHEET Page 5 of 23

Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION: A. BLDG: 00 DRIVER DRI		(X3) DATE SURVEY COMPLETED:	
		39C0001334		B. WING: _		05/15/2023	
NAME OF PROVIDER OR SUPPLIER: ALLEGHENY HEALTH NETWORK ENDOSCOPY CENTER, WESTMORELAND STATE LICENSE NUMBER: 24761501			STREET ADDRESS, 118 NATURE GREENSBUR	PARK ROA	AD, SUITE 200		
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DE PREFIX MUST BE PRECEEDED BY FULL REGULATORY O IDENTIFYING INFORMATION)				ID PREFIX TAG			
S 033A	Continued from page 5 On May 16, 2023, at 1: that this had not been r failure.			S 033A			
S 53B0				S 53B0			

State Form VIZJ11 IF CONTINUATION SHEET Page 6 of 23

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION:		(X3) DATE SURVEY COMPLETED:	
		39C0001334			00	05/15/2023		
NAME OF PROVIDER OR SUPPLIER: ALLEGHENY HEALTH NETWORK ENDOSCOPY CENTER, WESTMORELAND STATE LICENSE NUMBER: 24761501			GREENSBUR	PARK ROA G, PA 1560	AD, SUITE 200			
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DE PREFIX MUST BE PRECEEDED BY FULL REGULATORY OF IDENTIFYING INFORMATION)				ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE	
S 53B0	Continued from page 6 555.3 (b) Requirements Privileges granted shall reflutilization review programs, surgery. This REGULATION is not	, or both, specific to amb		S 53B0	A revised peer review proces begin on July 1, 2023. This p will include collecting surger volumes, chart reviews, com rates, complications and infe The information collected wireviewed by the Credentialing for recredentialing. The facil manager will assure the information is sent for credentialing. Ovenext 3 months, credentialing reach into the facility for peer information. The facility administrator will audit the candidates for credentialing monthly basis and any negatively be reviewed by the Credentialing of the ASCs. Results of process will be communicated quarterly Quality meetings, Med-Exec committee meeting to the Board of Managers. Completion date: July 31, 20	process on plication plica	Completion Date: 06/08/2023 Status: APPROVED Date: 06/12/2023	

State Form VIZJ11 IF CONTINUATION SHEET Page 7 of 23

PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 39C0001334		(X2) MULTI A. BLDG: _ B. WING: _		(X3) DATE SURVI COMPLETED: 05/15/2023	EY
ALLEGHE	NAME OF PROVIDER OR SUPPLIER: ALLEGHENY HEALTH NETWORK ENDOSCOPY CENTER, WESTMORELAND			CITY, STATE, Z PARK ROA G, PA 1560	AD, SUITE 200		
STATE LICENS	E NUMBER: 24761501						_
(X4) ID PREFIX TAG	REFIX MUST BE PRECEEDED BY FULL REGULATORY (ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	OULD BE	(X5) COMPLETE DATE
S 53B0	Continued from page 7			S 53B0			
	Based upon a review of files (CF), and employee failed to demonstrate that granted reflected the resultilization review in 10 of Findings Included: On May 15, 2023, a review Network Surgery Center Revised: May 27, 2023) "Article 3- Qualification Responsibilities: #.A.1 To (9) (i) demonstrate recent area of practice, during to On May 15, 2023, peer refor reappointment for 10 findings of clincial compaction Chair for the new appointment for 10 findings of clincial compaction on May 15, 2023, at 12: results of peer review/utilized to the results of peer review/utilized to the results of peer review contained in a separate for the results of peer review contained in a separate for the results of peer review contained in a separate for the results of peer review contained in a separate for the results of peer review contained in a separate for the results of peer review contained in a separate for the results of peer review contained in a separate for the results of peer review contained in a separate for the results of peer review contained in a separate for the results of peer review contained in a separate for the results of peer review contained in a separate for the results of peer review contained in a separate for the results of peer review contained in a separate for the results of peer review contained in a separate for the results of peer review contained in a separate for the results of peer review contained in a separate for the results of peer review contained in a separate for the results of the resu	e interview (EMP), the at the clinical privilege alts of peer review or of 10 credential files. ew of the Allegheny For Medical Staff Bylaws revealed the followings, Conditions and Chreshold Eligibility Cout activity in their primarile last two years" review data was request of 10 files to verify the petence from the Department term. No data was terminated in quality assurance of 10 files to verify the petence from the Department term. No data was request of 10 files to verify the petence from the Department term. No data was requested in quality assurance of 10 files to verify the petence from the Department term. No data was requested in quality assurance of 10 files to verify the petence from the Department term. No data was required in quality assurance of 10 files to verify the petence file in quality assurance of 10 files to verify the petence file in quality assurance of 10 files to verify the petence file in quality assurance of 10 files to verify the petence file in quality assurance of 10 files to verify the petence file in quality assurance of 10 files to verify the petence file in quality assurance of 10 files to verify the petence file in quality assurance of 10 files to verify the petence file in quality assurance of 10 files to verify the petence file in quality assurance of 10 files to verify the petence file in quality assurance of 10 files to verify the petence file in quality assurance of 10 files to verify the petence file in quality assurance of 10 files to verify the petence file in quality assurance of 10 files to verify the petence file in quality assurance of 10 files to verify the petence file in quality assurance of 10 files to verify the petence files fil	Health s (Last g: criteria; hary sted he rtment was hat the e. d that				

State Form VIZJ11 IF CONTINUATION SHEET Page 8 of 23

		(XI) PROVIDER/SUPPLIER/IDENTIFICATION NUMBER	BER:		IPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:	
		39C0001334				05/15/2023	
ALLEGHE CENTER,	IVIDER OR SUPPLIER: ENY HEALTH NETWORK WESTMORELAND SE NUMBER: 24761501	K ENDOSCOPY	STREET ADDRESS. 118 NATURE GREENSBUR	PARK ROA	AD, SUITE 200		
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIE PREFIX MUST BE PRECEEDED BY FULL REGULATORY OR LSC TAG IDENTIFYING INFORMATION)				ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 53B0	Continued from page 8 presented.			S 53B0			
S 552B 555.22 (b) Surgical Services - Preoperative Care (b) A written statement indicating informed consent, obtained by the practitioner, and signed by the patient, or responsible person, for the performance of the specific procedures shall be procured and made part of patient's clinical record. It shall contain a statement which evidences the appropriateness of the proposed surgery, as well as any alternative treatments discussed with the patient. It shall also identify any practitioner who shall participate in the surgery. This REGULATION is not met as evidenced by:		ent, or ific ent's vidences l as at. It	S 552B	Audit goal: 30 chart audits/n 3 month period of time at a g 100% will be completed by the Director of Nursing with the Surgery Center Quality Compared Audit form. If any discrepant they will be reported to the fadministrator, follow up will conducted and physician/stareeducated as appropriate. After this time frame, 10 chast audits/month will be completed the administrator or DON, wour current process. This process will be provide education to the staff in a stareeting on June 15th, 2023. Results of this process will be communicated during quarted Quality meetings, Med-Executed Communicated Managers. Completion date: July 31, 20	goal of the AHN trol Chart cies, acility l be ff art ted by which is d as aff	Completion Date: 06/08/2023 Status: APPROVED Date: 06/13/2023	

State Form VIZJ11 IF CONTINUATION SHEET Page 9 of 23

PLAN OF CORRECTION (POC) IDENTIFICATION		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER 39C0001334				(X3) DATE SURVI COMPLETED: 05/15/2023	EY
NAME OF PROVIDER OR SUPPLIER: ALLEGHENY HEALTH NETWORK ENDOSCOPY CENTER, WESTMORELAND			STREET ADDRESS, 118 NATURE GREENSBUR	PARK ROA	AD, SUITE 200		
STATE LICENSE NUMBER: 24761501							
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICE PREFIX MUST BE PRECEEDED BY FULL REGULATORY OR IDENTIFYING INFORMATION)				ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	OULD BE	(X5) COMPLETE DATE
S 552B	Continued from page 9			S 552B			
	Based on facility mater records (MR), and interecords (MR), and interecords (MR), and interecords (MR), it was determine ensure a properly exect was completed for one reviewed (MR7). Findings include: On May 15, 2023, reviewed in the surgeon's/precordered in the patient of t	erview with facility so ned that the facility for the uted informed conserved from the facility policy as the dated 11/9/22, reproceduralist's responshed procedure and riscolated of MR7, date of the informed consenuate the procedure that	taff failed to ent form rds vealed sibility to ks service t for the at would				
S 6123				S 6123			

State Form VIZJ11 IF CONTINUATION SHEET Page 10 of 23

		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:	NTIFICATION NUMBER:		PLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:	
		39C0001334				05/15/2023	
NAME OF PROVIDER OR SUPPLIER: ALLEGHENY HEALTH NETWORK ENDOSCOPY CENTER, WESTMORELAND STATE LICENSE NUMBER: 24761501			STREET ADDRESS, 118 NATURE GREENSBUR	PARK ROA	AD, SUITE 200		
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DE PREFIX MUST BE PRECEEDED BY FULL REGULATORY OF IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SHE CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE	
S 6123	Continued from page 10 561.2 (c) Pharmaceutical Set 561.2 Pharmaceutical Set (c) Contracted pharma provided in accordance with professional practices and le required if these services are organization. This REGULATION is not	rvice aceutical services shall be a the same ethical and egal requirements that we be provided directly by the	ould be	S 6123	The Pharmacy contract is be reviewed in the Master Serv Agreement. A licensed indiv (RN/CRNA) will check facil medications and report to the pharmacy on a monthly basi policy will be amended to rechanges. A pharmacist will the facility twice per year. The fadministrator will audit the routdates forms and assure a pharmacist comes to the facility twice per year. This process and changes with provided to all staff in our standard to all staff in our standard during quarted Quality meetings, Med-Exect committee meetings, and to Board of Managers. Completion date: July 31, 20	ices ridual lity e s. The flect our the facility monthly lity lity the free erly the	Completion Date: 06/08/2023 Status: APPROVED Date: 06/12/2023

State Form VIZJ11 IF CONTINUATION SHEET Page 11 of 23

		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION:		(X3) DATE SURVEY COMPLETED:	
		39C0001334		A. BLDG: _ B. WING: _	_00	05/15/2023		
NAME OF PROVIDER OR SUPPLIER: ALLEGHENY HEALTH NETWORK ENDOSCOPY CENTER, WESTMORELAND STATE LICENSE NUMBER: 24761501			STREET ADDRESS, 118 NATURE GREENSBUR	PARK ROA	AD, SUITE 200			
(X4) ID		OF DEFICIENCIES (EACH DE	FICIENCY	ID	PROVIDER'S PLAN OF CORRE	CTION (FACH	(X5)	
PREFIX TAG	MUST BE PRECEEDE IDENTII	ED BY FULL REGULATORY OF		PREFIX TAG	CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	OULD BE	COMPLETE DATE	
S 6123	Continued from page 11			S 6123				
	Based upon a review of	f facility documents	and staff					
	interview (EMP) it was	-						
	failed to assure adherer		-					
	conditions for manager	ment of the pharmac	y.					
	Findings Included:							
	On May 15, 2023, a rev	view of the Master S	Services					
	Agreement between W	est Penn Allegheny	Health					
	System and Allegheny	Clinic d/b/a Alleghe	eny Health					
	Network Endoscopy C	enter (Executed 1st	day of					
	April 2023)- Appendix	4, Pharmacy Service	es					
	revealed the following:	: "1. Services: AHN	shall,					
	through its employed p	harmacists and phar	rmacy					
	technicians ensure that	necessary and appro	opriate					
	storage, controlled subs	stance documentation	n and					
	drug outdate inspection	ns are carried out at t	the					
	Surgery Center. Servic	•						
	accordance with ethical and professional practice							
	and Federal and State I							
	registered pharmacist of	Č						
	monthly inspections of							
	Center where pharmace	euticals are stored. T	These					
	inspections will include	e reviews of at least	the					

State Form VIZJ11 IF CONTINUATION SHEET Page 12 of 23

		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER: 39C0001334		(X2) MULTI A. BLDG: _ B. WING: _		(X3) DATE SURVEY COMPLETED: 05/15/2023	
ALLEGHE CENTER,	VIDER OR SUPPLIER: ENY HEALTH NETWORK WESTMORELAND SE NUMBER: 24761501	ENDOSCOPY	STREET ADDRESS, 118 NATURE GREENSBUR	PARK ROA	AD, SUITE 200		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH E MUST BE PRECEEDED BY FULL REGULATORY IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	IOULD BE	(X5) COMPLETE DATE
S 6123	following: All medicate crash carts); all anesther outdates; controlled survalidations; refrigerator On May 15, 2023, a reinspection reports from 2023 revealed that two performed by the technon April 2022, the inspection April 30, 2022 and 16, 2022 (16 days late) countersigned the technology. The inspection was completed on April 2023. On May 15, 2023, a reinspection reports from 2023 revealed that two not completed, July 20 On May 15, 2023, it winspection due on April	esia carts; medication bstance count log shor checks." view of the pharmach April 2022 through of ten inspections whician in a timely making was due for communication was due for communication was due for communication. The pharmacist mician's inspection of the pharmach april 2023 (42 days intersigned by the pharmach April 2022 through of twelve inspection 22 and August 2022 as noted that the pharmach april 2022 as noted that the pharmach application and applications are supplied to the pharmach april 2022 through of twelve inspection 22 and August 2022 as noted that the pharmach applications are supplied to the pharmach applications are supplied to the pharmach applications are supplied to the pharmach applied to th	y March yere not Inner. In Inpletion Intil May May 28, 2023 late) by Inarmacist y March ins were	S 6123			

State Form VIZJ11 IF CONTINUATION SHEET Page 13 of 23

		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			IPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:	
		39C0001334		A. BLDG: _ B. WING: _	_00	05/15/2023	
ALLEGHE CENTER,	VIDER OR SUPPLIER: INY HEALTH NETWORK WESTMORELAND E NUMBER: 24761501	ENDOSCOPY	STREET ADDRESS, 118 NATURE GREENSBUR	PARK ROA	AD, SUITE 200		
(X4) ID		OF DEFICIENCIES (EACH DE	FICIENCY	ID	PROVIDER'S PLAN OF CORRE	CTION (FACH	(X5)
PREFIX TAG	MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			PREFIX TAG	CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	OULD BE	COMPLETE DATE
S 6123	Continued from page 13			S 6123			
	completed.						
	On May 15, 2023, it was	as noted that 10 of 1	0				
	inspections were completed by a pharmacy						
	technician and countersigned by the offsite						
	pharmacist. There was no evidence of the						
	pharmacist being on sit	te during the precedi	ing				
	12-month period to val	idate the technician'	s findings.				
	On May 15, 2023, at 12	2:52pm, the above f	findings				
	were validated by EMI	21.					
S 6403				S 6403			
						ļ.	

State Form VIZJ11 IF CONTINUATION SHEET Page 14 of 23

ALLEGHENY HEALTH NETWORK ENDOSCOPY CENTER, WESTMORELAND STATE ICENSES MARKEY 24761501 ONLINE OF THE PROVIDER OF SOURCE CONTROLL AND SHORM TO BE PROVIDER SHAND OF CORRECTION (FACT) (CONTROLL AND SHORM THE PROVIDER OF SOURCE CONTROLL AND SHORM TO SHORM THE SHORM TO SHORM TO SHORM TO SHORM TO SHORM TO SHORM TO SHORM THE SHORM TO SHORM TO SHORM TO SHORM TO SHORM TO SHORM TO SHORM THE SHORM			(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION:		(X3) DATE SURVEY COMPLETED:	
ALLEGHENY HEALTH NETWORK ENDOSCOPY CENTER, WESTMORELAND STATELICENSE NUMBER 24761501 CASID SUMMARY STATEMENT OF DEFICIENCES EACH DEFICIENCY PREFIX TAG COMBINER PRICEDED BY FULL REGULATORY OR LSC DENTIFYING INFORMATION) Solution of the page 14 Solution of the continued from page 14 Solution of the continued from page 14 Solution of the continued from and content of record The ASF shall maintain a separate medical record for each patient. Each record shall be accurate, legible and promptly completed. Patient medicals shall be constructed to stand alone and be easily identified as ASF records. Medical records must include at least the following: (2) Pertinent medical history and results of physical examination This REGULATION is not met as evidenced by: This REGULATION is not met as evidenced by: This REGULATION is not met as evidenced by: The ASF and I maintain and promptive completed to assure the discharge parameters in Epic, i.e. Discharged unlabored on room air. Chart audits of CRNA discharge criteria: 3/day for 3 month period of time at 100% will be completed by the Direct of Nursing. After this time frame, 10 random audits will be completed by the Direct of Nursing. After this time frame, 10 random audits will be completed by the Direct of Nursing. After this time frame, 10 random audits will be completed to assure the discharge criteria is met. Results of the audits will be completed to assure the discharge criteria is met. Results of this process will be committee meetings, and to the Board of Managers.			39C0001334		B. WING:	<u>uu</u>	05/15/2023	
PREFIX TAG CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE COMPLETE DATE Completion Date: All CRNAs employed at the center will be reeducated by the Chief CRNA on proper D/C criteria: respiratory discharge parameters in Epic, i.e. Discharged unlabored on room air. Chart audits of CRNA discharge criteria: 3/day for 3 month period of time at 100% will be completed by the Director of Nursing. After this time frame, 10 random audits will be completed by the Director of Nursing. After this will be reviewed with the Chief CRNA monthly or as needed. The random audits will be completed to assure the discharge criteria is met. Results of this process will be communicated during quarterly Quality meetings, Med-Exec committee meetings, and to the Board of Managers.	ALLEGHE CENTER, STATE LICENS	ENY HEALTH NETWORK WESTMORELAND SE NUMBER: 24761501		118 NATURE GREENSBUR	PARK ROA RG, PA 1560	AD, SUITE 200		
563.12 (2) Form and Content of Record 563.12 Form and content of record All CRNAs employed at the center will be reeducated by the Chief CRNA on proper D/C criteria: respiratory discharge parameters in Epic, i.e. Discharged unlabored on room air. Chart audits of CRNA discharge criteria: 3/day for 3 month period of time at 100% will be completed by the Director of Nursing. After this time frame, 10 random audits will be completed by the DION 3 days/month. Results of the audits will be reviewed with the Chief CRNA monthly or as needed. The random audits will be communicated during quarterly Quality meetings, Med-Exec committee meetings, and to the Board of Managers.	PREFIX MUST BE PRECEEDED BY FULL REGULATORY OR LSC				G CORRECTIVE ACTION SHOULD BE		COMPLETE	
	S 6403	563.12 (2) Form and Content of The ASF shall maintain record for each patient. Each legible and promptly completed. Patient to stand alone and be easily Medical records must include (2) Pertinent medical hexamination	f record n a separate medical h record shall be accurat t medicals shall be cons identified as ASF recor de at least the following history and results of phy	tructed ds.	S 6403	will be reeducated by the Ch CRNA on proper D/C criteri respiratory discharge parame Epic, i.e. Discharged unlabo room air. Chart audits of CRNA disch criteria: 3/day for 3 month p time at 100% will be comple the Director of Nursing. Aft time frame, 10 random audit completed by the DON 3 days/month. Results of the a will be reviewed with the Ch CRNA monthly or as needed random audits will be comple assure the discharge criteria Results of this process will be communicated during quarte Quality meetings, Med-Exec committee meetings, and to Board of Managers.	arge eriod of eted by eret this es will be udits hief d. The letted to is met. be erly ethe	Date: 06/08/2023 Status: APPROVED Date:

State Form VIZJ11 IF CONTINUATION SHEET Page 15 of 23

	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER			PLE CONSTRUCTION:	(X3) DATE SURVE COMPLETED:	ΕY
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S 6403	Based on review of face medical records (MR), staff (EMP), it was det to ensure that the anest patients for discharge or reviewed (MR1, MR6, Findings include: On May 15, 2023, reviewed "Discharge of Patients 11/28/22, revealed "	and interview with ermined that the fac hetist properly evaluation of the MR7, MR8, and Mew of facility policy from PACU", last departments will be discharged and set After evaluation order will be written ge upon meeting the management of the management of the meeting the management of the meeting the management of the meeting the management of MR1, date of the meeting the management of the meeting th	facility ility failed nated the n records R9). ated narged hen the by an n to give discharge ill be s and narge".	S 6403			
	Procedure NoteRespidoes meet PACU D/C On May 15, 2023, revi	iratory: Face Mask Criteria".	.Patient				

State Form VIZJ11 IF CONTINUATION SHEET Page 16 of 23

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION: A. BLDG: 00		(X3) DATE SURVEY COMPLETED:	
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S 6403	Continued from page 16 4/24/2023, revealed at Procedure NoteResp does meet PACU D/C On May 15, 2023, revidence NoteResp does meet PACU D/C On May 15, 2023, revidence NoteResp does meet PACU D/C On May 15, 2023, revidence NoteResp does meet PACU D/C On May 15, 2023, revidence NoteResp does meet PACU D/C On May 15, 2023, revidence NoteResp does meet PACU D/C On May 15, 2023, revidence NoteResp does meet PACU D/C On May 15, 2023, at 1 the above findings.	iratory: Face Mask Criteria". iew of MR7, date of 0948 "Anesthesia Po iratory: POM Mask Criteria". iew of MR8, date of 1226 "Anesthesia Po iratory: POM Mask Criteria". iew of MR9, date of 1359 "Anesthesia Po iratory: Face Mask Criteria".	.Patient service, ostPatient service, ostPatient service, ostPatient	S 6403			
S 6701				0.0704			
S 6701				S 6701			

State Form VIZJ11 IF CONTINUATION SHEET Page 17 of 23

()		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER	DENTIFICATION NUMBER:		PLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:	
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S 6701	Continued from page 17 567.1 CHAPTER 567 - EN 567.1 Principle The ASF shall have a sconstructed, equipped and maintained to ASF personnel from cross-infection and to protect patients. This REGULATION is not	canitary environment, property protect surgical patients of the health and safety of	operly s and	S 6701	AHN Periop leaders will me June 9, 2023 to discuss 3M A testing of endoscopes, this w completed 6/9/2023. Prior discussions with AHN GI leased SGNA: Society of Gastroent Nurse and Associates, and Olympus, suggest that 3M teendoscopes is above and bey what is required. ATP testing required of side channeled so such as ERCP and EUS scoppolicy will be presented to pleadership to suggest quarter testing of scopes and changing a policy to a guideline: comp 6/9/2023. Discussion with the network Director of Infection Prevention occurred on June has directed the ASC Leader proceed. The guideline will be presented to the facility Inference on June 10203. Results of ATP testing reviewed by the facility adm and DON, results will be communicated to the VP of the quarterly. This process and changes will suppresent the process and changes with the suppresent of the VP of the quarterly.	aders, serology esting of cond g is copes bes. The eri-op ely ng from bleted he in 12, she eship to be ection ly 15, g will be inistrator the ASCs	Completion Date: 06/08/2023 Status: APPROVED Date: 06/12/2023

State Form VIZJ11 IF CONTINUATION SHEET Page 18 of 23

Pennsylvania Department of Health

PLAN OF CORRECTION (POC) IDENTIFY		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:	INTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED:	
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ALLEGHE CENTER,	VIDER OR SUPPLIER: CNY HEALTH NETWORK WESTMORELAND E NUMBER: 24761501	ENDOSCOPY	STREET ADDRESS, CITY, STATE, ZIP CODE: 118 NATURE PARK ROAD, SUITE 200 GREENSBURG, PA 15601					
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S 6701	Continued from page 18			S 6701	provided as education to the June 15, 2023. Results of this process will b communicated during quarte Quality meetings, Med-Exec committee meetings, and to t Board of Managers. Completion date: July 31, 20	e rly :he		

State Form VIZJ11 IF CONTINUATION SHEET Page 19 of 23

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION: A. BLDG: 00		(X3) DATE SURVEY COMPLETED:	
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S 6701	Based on review of fact with facility staff (EMI facility failed to ensure sanitary environment the cross-infection to prote patients. Findings include: On May 15, 2023, review ATP Policy", last dated recognizes its responsite environment, given the to effectively disinfect endoscopes will be test trace monitoring system. On May 15, 2023, at 22 and EMP2 confirmed to the most done from February 2023. On May 5, 2023, facility had clean trace. May 12, 2023, only for clean trace. When a currently in use, EMP2	ethat the ASF provident protected patient and protected patient and safety that protected patient are the health and safety the health and safety the health and safety that provide a safety to provide a saf	that the led a s from Sety of strom Sety of strom Sety of strom Sety of strong	S 6701			

State Form VIZJ11 IF CONTINUATION SHEET Page 20 of 23

	OF DEFICIENCIES AND PRECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER 39C0001334		A. BLDG: _			3) DATE SURVEY DMPLETED: 5/15/2023	
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S 6701	Continued from page 20			S 6701				
S 6747	The ventilation system shall be inspected and maintained in accordance with the written maintenance schedule to ensure that a properly conditioned air supply meeting minimum filtration, humidity and temperature requirements is provided in critical areas such as the surgical and recovery suites under Chapter 571 (relating to construction standards). This REGULATION is not met as evidenced by:		le to ng irements	S 6747	The ASC facility policy relatemperature and humidity wamended to assure the correct Guideline parameters are reffor the proper locations in the Temperature and humidity rewill be documented daily an up completed by facility manneeded. The facility administ will review monthly docume and any deficiencies will be escalated to facilities. This process and changes with provided to all staff on June Results of this process will be communicated during quarter Quality meetings, Med-Exect committee meetings, and to Board of Managers. Completion date: July 31, 20	ill be et FGI ferenced he center. headings d follow hager as herator hentation ill be 15, 2023. he herly he here here here here here here here	Completion Date: 06/08/2023 Status: APPROVED Date: 06/12/2023	

State Form VIZJ11 IF CONTINUATION SHEET Page 21 of 23

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION:		(X3) DATE SURVEY COMPLETED:	
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S 6747			S 6747				
	recovery room was 69. 5/10/23 the recovery ro Fahrenheit, on 5/11/23 68.7394 degrees Fahre recovery room was 69.	oom was 69.5906 de the recovery room v nheit, and on 5/12/2.	grees was 3 the				

State Form VIZJ11 IF CONTINUATION SHEET Page 22 of 23

Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/IDENTIFICATION NUMBER 39C0001334			(X2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED: 05/15/2023		
NAME OF PROVIDER OR SUPPLIER: ALLEGHENY HEALTH NETWORK ENDOSCOPY CENTER, WESTMORELAND STATE LICENSE NUMBER: 24761501 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH D			STREET ADDRESS, 118 NATURE GREENSBUR	PARK ROA	AD, SUITE 200		
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S 6747	No follow up was documented. On May 15, 2023, at 1:30pm, EMP6 confirmed the above findings.		S 6747				

State Form VIZJ11 IF CONTINUATION SHEET Page 23 of 23



Certified End Page

ALLEGHENY HEALTH NETWORK ENDOSCOPY CENTER, WESTMORELAND

STATE LICENSE NUMBER: 24761501 SURVEY EXIT DATE: 05/15/2023

I Certify This Document to be a True and Correct Statement of Deficiencies and Approved Facility Plan of Correction for the Above-Identified Facility Survey

Jeane Parisi

Deputy Secretary for Quality Assurance

fearre Janie

Debra L. Bogu MD

Debra L. Bogen, MD, FAAP Acting Secretary of Health



THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY